Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



Lows Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of the or received by the Governor on behalf of the state be reported to the lower Ethics State of Tows or received by the Governor on behalf of the state be reported to the lowe Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide copy of this report to the Government Oversight Committee. This form is required to be died within 20 days of receipt of the gift, bequest, or grant.

received by a department or accepted by the Governor on behalf of the state
For office use only
Audited
Checked
Computer

FORM-GBG

Gift, Baquest, or Grant information

DEPENTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Garinda MHI	
Name of Department on 1800 N 1665 Street	Office Clarinda, IA 51532
Mailing Address 782-542-2141 eXtrast7	City, State Zip Code
Area Code & Telephone	
ONTACT PERSON F	OR RECIPIENT DEPARTMENT OR OFFICE.

Sue Rehwaldt Hays	
Name	
Mailing Address (if differ Suc.RehwaldtHays@jown.go	

i	Mailing Address (if differ Suc Rehvaldthips@jown.go Email Address	ent from above)	City, State, Z'o (if different from above) 7.2-543-2191 Ext. 3317
ĺ	Email Address		Area Code & Telephone Number (if different from above)
ľ	ONOR OF GIFT, BEC	WEST OF SPANT	The state of the s
ì	PONOR OF GIFT, BEG		
	Sherry Westbrook		

Sherry Westbrook			
Name	W	RE: 212121 h	
	Clarinda, IA 51632		
Valling Address	City, State, Zip Code	1/09	\$ 20.00
rea Code & Telephone Number		Date of Gift, Bequest, or Grant	Amount/Value*
mail Address (optional)	<u> </u>	"value is defined as "fair market va receiving department or office. If n	ue" of item as determined by to value mark "0,00".
	haquett or great and music	the second secon	::::::::::::::::::::::::::::::::::::::

į	Frovide a description of t	he gift, bequest, or grant and purpose thereof:
	donated shoes for	patients use
L		
	Criteria to use this form:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Receipt of any gift, beque	st, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement	of Affirmation

Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the conor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2/20/09 Date Revised 03/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Gift, Baquest, or Grant information received by a department or accepted by the Governor on behalf of the state

	For of It is use only
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PARRIENT OR OFFICE REC	EIVING THE GIFT, BEQUEST	ORGRANTI	
Clarinda MHI			B (55 (1515) - 45 45 25 25 25 45 45 5 25 (1515) - 5
Name of Department or Office		***************************************	
Mailing Address		Clerinda, IA \$1532 City, State Zip Code	······································
712-992-2181 exhibitor Area Code & Telephone No.			
ONTACT PERSON FOR RECIP	IENT DEPARTMENT OR OFF		# 1281222 B #2 2 COLUMN D# 2 COLUMN 14 COLUMN 14 COLUMN 14 COLUMN 14 COLUMN 14 COLUMN 14 COLUMN
Suc Rehwaldt Hays		17	######################################
Vame	#*************************************		
Mailing Address (if different from abo	ive)	Charles The Land Control of the Cont	
Suc.RehwaldiHays@liowa.gov		Oity, State, Z.o (if different from 712-543-2161 Exc. 3317	n above)
mail Address		Area Code & Telephone Numb	per (if different from above)
Rick Brumfield Name Mailing Address	Clarinda, IA 51632 City, State, Zip Code	1/09	25 (25) ktoran ar 25 skieger (25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	- (),() -	l (* 10.00
rea Code & Telephone Number		Date of Gitt, Bequest, or Grant	
mail Address (optional)		"Value is defined as "fair marke receiving department or office.	t value" of item as determined by If no value mark 10.00",
Provide a description of the gift, begu	lest, or grant and purpose thereof:		
donated watch for patient u			
riteria to use this form:		23) proses (25) 25) 200 201 21 20 200 11 12 12 12 12 12 12 12 12 12 12 12 12	4812231-com m 4222234-com + 4822324 com + 212234-com

Statement of Affirmation:

Sue Rehwaldt Hays

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the conor and assessment of the fair market value (if applicable) is convex and true to the heat of my knowledge.

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Signature

2/20/09

Date

FORM-GBG

Gift, Bacuest, or Grant information received by a department or

accepted by the Governor on behad

Revised 03/05

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For office use only Checked Computer____

of the state

LIDEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT!

	Clarigga MHI	
	Name department or	Office
	Mailing Address	City, State, Zic Code
	Area Code & Telephone	No.
(ONTACT PERSON F	OR RECIPIENT DEPARTMENT OR OFFICE:
	Sue Rehwaldt Hays	
k		West of State of the Control of the

Name Mailing Address (if different from above) City State, Zip (if different from above) Suc.Rehwaldittays@lowa.gov 712-542-2161 Ext. 3317 Email Address

Area Code & Telephone Number (if different from above) DONOR OF GIFT, BEQUEST, OR GRANT:

Helen Flach		1		
Name		ii .		
·		====	2 2 3 1 2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: : : : : : : : : : : : : : : : : : :
Mailing Address	City, State, Zip Code	1 11	09	\$ 50.00
Area Code & Telephone N	umber	Date	e of Giff, Bequest, or Grant	Arnount//slue*
Email Address (optional)		*valu	le is defined as "fair market val iving department or office. If no	ue" of item as determined by value mark "0,00".

Provide a description of the gift, bequest, or grant and purpose thereof: To buy patients treats.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor or bahalf of the state.

Statement of Affirmation:

Suc Rehwaldt Hays effirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the bast of my knowledge.

Signature

2/20/09

Date